

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/24/2016
NAME OF PROVIDER OR SUPPLIER CARE HAVEN HOMES - SOUTHMOOR		STREET ADDRESS, CITY, STATE, ZIP CODE 7010 WEST 69TH TERRACE OVERLAND PARK, KS 66204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above home plus facility conducted on 3-22-16 and 3-24-16.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview for 2 (#216, #217) of 3 sampled residents, the operator failed to ensure the negotiated service agreement provided a description of services the resident would receive; identification of the provider of each service and identification of each party responsible for payment if outside resources provided a service.	S5105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5105	<p>Continued From page 1</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #216 revealed admission on 2-5-15 with diagnoses Alzheimer's Dementia, Cerebral Amyloid Angiopathy, Depression, Hypertension, Hypothyroidism, Osteoporosis and Hyperlipidemia. <p>The functional capacity screen dated 8-31-15 recorded resident required physical assistance with bathing, dressing, and toileting, transfers and walking/mobility; supervision with eating; and unable to perform management of medications and treatments. Occasionally incontinent of urine. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks included falls, impaired vision, impaired decision-making, wandering, and inappropriate behavior.</p> <p>The negotiated service agreement/health care service plan (NSA/HCSP) dated 8-31-15 recorded services for Food Service, Bathing, Toileting, Dressing and Undressing, Ambulation/Fall Risk, and Medication Management/Administration. The NSA lacked documentation of hospice services including identification of provider of the hospice services and identification of each party responsible for payment of the hospice provider.</p> <p>Physicians order to admit to hospice services 9-14-15.</p> <p>Review of "Progress Notes" stated: 9-14-15 at 6:00 pm: "Seen by hospice RN (registered nurse). Appropriate for hospice services. (Legal representative) notified. Will admit on Wednesday morning." Signed by</p>	S5105		

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S5105	<p>Continued From page 2</p> <p>licensed staff A. 9-16-15 at 11:15 am: "Resident seen by and admitted to 'Hospice'." Signed by licensed staff A.</p> <p>Interview on 3-22-16 at 3:20 pm with licensed staff B confirmed the NSA lacked documentation of resident receiving hospice services, identification of provider of the hospice services and identification of each party responsible for payment of the hospice provider.</p> <p>For resident #216, the operator failed to ensure the negotiated service agreement provided a description of hospice services the resident would receive; identification of the hospice provider and identification of each party responsible for payment of the hospice provider.</p> <p>- Record review for resident #217 revealed admission on 8-12-14 with diagnoses Dementia, Hypothyroidism, Osteoarthritis, Peptic Ulcer Disease. Diagnoses added 1-15-16 included Right Hip Fracture, Depression Gastroesophageal Reflux Disorder, and Dysphagia.</p> <p>The functional capacity screen dated 1-18-16 recorded resident required physical assistance with bathing, dressing, toileting, transfers and eating; unable to perform walking/mobility and management of medications/treatments. Frequently incontinent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks included: Falls and impaired decision-making.</p> <p>The negotiated service agreement/health care</p>	S5105		

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S5105	Continued From page 3 service plan (NSA/H CSP) dated 1-19-16 recorded services for Food Service, Bathing, Toileting, Dressing and Undressing, Ambulation/Fall Risk, and Medication Management/Administration. The NSA lacked documentation of hospice services including identification of provider of the hospice services and identification of each party responsible for payment of the hospice provider. Physicians order to admit to hospice services 2-19-16. Interview on 3-22-16 at 4:43 pm with licensed staff B confirmed the NSA lacked documentation of resident receiving hospice services, identification of provider of the hospice services and identification of each party responsible for payment of the hospice provider. For resident #217, the operator failed to ensure the negotiated service agreement provided a description of hospice services the resident would receive; identification of the hospice provider and identification of each party responsible for payment of the hospice provider.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and	S5116		

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S5116	<p>Continued From page 4</p> <p>(4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)</p> <p>The facility reported a census of 8 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#216) of 3 sampled residents, the operator failed to ensure the review and revision of the negotiated service agreement following a significant change in condition as defined in K.A.R. 26-39-100.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #216 revealed admission on 2-5-15 with diagnoses Alzheimer's Dementia, Cerebral Amyloid Angiopathy, Depression, Hypertension, Hypothyroidism, Osteoporosis and Hyperlipidemia. <p>The functional capacity screen dated 8-31-15 recorded resident required physical assistance with bathing, dressing, toileting, transfers and walking/mobility; supervision with eating; and unable to perform management of medications and treatments. Occasionally incontinent of urine. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks included falls, impaired vision, impaired decision-making, wandering, and inappropriate behavior.</p>	S5116		

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S5116	<p>Continued From page 5</p> <p>The negotiated service agreement/health care service plan (NSA/H CSP) dated 8-31-15 recorded the following services:</p> <p>Food Service: 3 meals daily and snacks between meals and before bedtime. feeds self, appetite varies. 3-21-16 - mechanical soft diet with honey thickened liquids.</p> <p>Bathing: twice a week and as needed. requires moderate assistance in the shower. can be aggressive and resistive to care. Does not like water in right ear.</p> <p>Toileting: regularly and as needed plus hygiene after toileting. Wears pull ups for incontinence. Motion sensor in room to alert staff when he/she is needing the bathroom. 1-2 person transfers.</p> <p>Dressing and Undressing: moderate assistance with dressing and undressing.</p> <p>Ambulation/Fall Risk: instructions supervision and assistance as needed. has a walker and has a history of recent falls due to arthritis in knees causing increased weakness. needs stand by assist of one when ambulating and transferring. May become aggressive when staff attempt to apply gait belt. Re-approach and use wheelchair as needed for increased weakness. 9-6-15 every 30 minute visual checks. 1-2-person transfers. 2-12-16 sit to stand lift. Fall mats. Bed alarm.</p> <p>Medication Management/Administration: staff will administer and document all prescription and over the counter medications as ordered. May resist taking medications. May crush and put in something sweet. 9-3-15 change to liquid Tylenol.</p> <p>Physicians order to admit to hospice services 9-14-15.</p> <p>Review of "Progress Notes stated: 9-16-15 at 11:15 am: "Resident seen by and</p>	S5116		

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S5116	<p>Continued From page 6</p> <p>admitted to 'Hospice'." Signed by licensed staff A.</p> <p>9-28-15 at 12:40 pm: "Resident resting bed, complains of severe pain when turned. Staff report dysphagia and resistance when taking Tylenol this morning. Hospice notified... Taking sips of fluid this morning, refusing solids." Signed by licensed staff A.</p> <p>10-3-15 at 12:30 pm: "Continues to requires 2 person transfers. Appetite decrease with weight loss 5 pounds. Staff assisting with feeding..." Signed by licensed staff A.</p> <p>10-5-15 at 4:00 pm: "Resident continues with increased weakness. Two assist with transfers. Staff assisting with feeding. Increased sleepiness noted during the day..." Signed by licensed staff B.</p> <p>NSA/HCSP lacked revision to address significant change in condition related to mobility and eating.</p> <p>10-12-15 at 10:25: "Resident seated at table with eyes closed. Weight loss of 6 pounds. Needs encouragement to eat..." Signed by licensed staff A.</p> <p>12-16-15 at 1:20 pm: "Received call reporting open area on coccyx. Noted open area just above coccyx. Measuring 0.2 cm (centimeters) x 0.2 cm. Resident has been noted scratching area aggressively. Hospice notified and received order for barrier cream with each brief change and or three times daily..." Signed by licensed staff B.</p> <p>Summary of notes for January/February of 2016 revealed treatment for an "itchy rash" and coccyx wound. On 3-14-16 resident experienced a fall from wheelchair in the living room and hospice provided a "clip alarm" for staff to be alerted when</p>	S5116		

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S5116	<p>Continued From page 7</p> <p>resident leans forward in chair.</p> <p>NSA/HCSP lacked revision to address treatment and interventions to address fall risk</p> <p>3-19-16 at 12:30 pm: "Resident continues with increased lethargy during day...staff reports no (oral) intake today. Resident accepting bites at this time..." Signed by licensed staff B.</p> <p>3-21-16 at 2:00 pm: "Resident noted coughing/aspirating with breakfast this morning. Decreased (oral) intake noted over the weekend....change diet to mechanical soft and honey thick liquids..." Signed by licensed staff B.</p> <p>Observation of resident on 3-22-16 at 12:25 pm revealed resident resting in hospital bed. Licensed staff A and certified staff C turned and repositioned resident for skin care. Resident awake, responded to verbal stimuli. Skin with healing scratches on legs and arms. Coccyx reddened and closed.</p> <p>Interview on 3-22-16 at 2:00 pm with licensed staff B and certified staff C stated resident has been pedaling self around the house in wheelchair and was feeding self. Now unable to perform any bathing, dressing or toileting. and is always incontinent now. Still can be aggressive with staff during cares. Stated staff still gets resident up in wheelchair. The way he/she is today just started about middle of last week. Stated resident "went unresponsive for a bit yesterday." Confirmed the resident had undergone a significant change beginning in October of 2015.</p> <p>For resident #216, the operator failed to ensure the review and revision of the negotiated service</p>	S5116		

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S5116	Continued From page 8 agreement following a significant change in condition as defined in K.A.R. 26-39-100.	S5116		